

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

BIRTH NO.	REG. DIST. NO. 55	PRIMARY REG. DIST. NO. 3011	Registrar's No. 136
1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton	c. LENGTH OF STAY (in this place) 12 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina, 0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ogle O'Dell Home.	d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) CHARLES W. MUNSON		4. DATE OF DEATH (Month) (Day) (Year) March 30 1950	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 25, 1868
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months 11 Days 8	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Macomb, Ill
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William T. Munson		13b. MOTHER'S MAIDEN NAME Alice Ogle	
14. NAME OF HUSBAND OR WIFE Minnie Munson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ##	
17. INFORMANT'S SIGNATURE OR NAME Mrs Forrest O'Dell		ADDRESS Carrollton, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 14th Apr, 1950 to 3 Mar, 1950, that I last saw the deceased alive on 1 Mar, 1950, and that death occurred at 4 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Enroll Warrshall MD (Degree or title)		23b. ADDRESS Tina Mo.	
23c. DATE SIGNED 6 Mar 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/1950	
24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		24d. LOCATION (City, town, or county) (State) Carrollton, Mo.	
DATE REC'D BY LOCAL REG. 3/6/50		REGISTERAR'S SIGNATURE Mrs Herbert Chelch 45	
FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin,		ADDRESS Tina, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

MAR 11

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 3-11-50

JAN 25 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.